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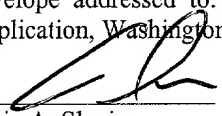
I certify that on 12/12/00, which is the date I am signing this certificate, this correspondence and all attachments mentioned are being deposited in the United States Postal Service "Express Mail to Addressee," under 37 C.F.R. § 1.10 in an envelope addressed to: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

PATENT

Docket No. 15916-279

1c843 U.S. PTO  
09/737176  
12/13/00

12/13/00  
1c965 U.S. PTO

  
Craig A. Slavin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner For Patents  
BOX Patent Application  
Washington, D.C. 20231

APPLICATION TRANSMITTAL

Sir:

Transmitted herewith for filing is the new patent application of:

**Inventor(s):** Josef V. Koblish, Anant V. Hegde and David K. Swanson

**Title:** Surgical Probe For Supporting Inflatable Therapeutic Devices In Contact With Tissue In Or Around A Body Orifice And Within Tumors

Enclosed are:

- ☒ Specification, claims and abstract, totalling 28 pages.
- ☒ 7 Sheets of Drawings ☒ Informal ☐ Formal (Figs. 1-16)
- ☒ Declaration and Petition (UN SIGNED)
- ☐ Assignment of the invention to Scimed Life Systems, Inc. and Boston Scientific Limited including Assignment Cover sheet and Check No. for \$40.00
- ☐ A Power of Attorney
- ☐ A Verified Statement Claiming Small Entity Status

The filing fee has been calculated as shown below:

FOR:	CLAIMS FILED	NO. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE	STANDARD RATE	STANDARD FEE
BASIC FEE				\$355		\$710
TOTAL CLAIMS	35 minus 20 =	15	X \$9	\$	X \$18 =	\$270
INDEPENDENT CLAIMS	5 minus 3 =	2	X \$40	\$	X \$80 =	\$160
MULTIPLE DEPENDENT CLAIMS PRESENTED			X \$135 =		X \$270 =	
TOTAL \$				\$	TOTAL	\$1140

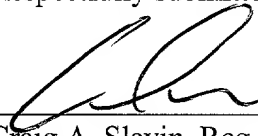


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PATENT TRADEMARK OFFICE

- ☐ Please charge my Deposit Account No. 50-0638 the amount of \$\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$1140 to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.
  - ☐ Any additional filing fees required under 37 C.F.R. 1.16.
  - ☐ Any patent application processing fees under 37 C.F.R. 1.17.
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  - ☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.
  - ☐ Any patent application processing fees under 37 C.F.R. 1.17.
  - ☐ The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Respectfully submitted,



Craig A. Slavin, Reg. No. 35,362  
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El Segundo, CA 90245 - (310) 563-1458

12/14/00  
Date